2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003334

1. Entity Name
TALLAHASSEE AREA FOSTER PARENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1414 INDIAN HEAD DR TALLAHASSEE, FL 32301	PO BOX 4162 TALLAHASSEE, FL 32315-4162

DO NOT WRITE IN THIS SPACE

66016191

08272008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-3401802	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUPOINT, LILLIE D
402 SE 4TH ST
HAVANA, FL 32333

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	ST
NAME	BEMENT, SONYA
STREET ADDRESS	10593 VALENTINE RD N
CITY-ST-ZIP	TALLAHASSEE, FL 32317

TITLE	T
NAME	O'NEAL, LIZA JANE
STREET ADDRESS	905 CONYERS STREET
CITY-ST-ZIP	HAVANA, FL 32333

TITLE	VPT
NAME	DELONG, RONDA
STREET ADDRESS	5234 WINTER VALLEY DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	OT
NAME	STONE, ALVA T
STREET ADDRESS	5478 PEDRICK CROSSING DR
CITY-ST-ZIP	TALLAHASSEE, FL 32317

TITLE	P
NAME	DUPOINT, LILLIE D
STREET ADDRESS	402 SE 8TH ST
CITY-ST-ZIP	HAVANA, FL 32333

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Lillie D. Dupoint_   8/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #